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A Newsletter for MassHealth Providers

### **HIPAA Implementation Continues**

The Division of Medical Assistance (Division) continues to strive toward compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Division previously implemented HIPAA-compliant, Web-based 270/271 eligibility inquiry and response transactions, as well as the 820 premium payment and 834 enrollment transactions for MassHealth.

Additionally, the Division recently put the following compliant transactions into production:

#### New REVS PC Software

All Provider Bulletin 117, dated December 2002, announced the release of two new HIPAA-compliant options: the 276/277 claims status inquiry and response, along with batch member eligibility verification that meets the 270/271 specifications. Updated PC software, created for the Division by Electronic Data Systems (EDS), lets MassHealth providers conduct batch member eligibility verifications, and inquire about the status of adjudicated claims.

The Recipient Eligibility Verification System (REVS) PC software has the ability to import and export member rosters for batch eligibility checks, as well as highlight changes in batch eligibility status. The software also has sophisticated sorting abilities. Providers currently using the point-of-service (POS) device or the automated voice response (AVR) system may want to take this opportunity to re-evaluate their eligibility verification method.

Providers can also verify the status of an adjudicated claim using the software. There are no daily limits on how many claim status inquiries a provider makes when using the REVS PC software.

Providers with sophisticated IT practices wishing to build their own 270/271 eligibility transactions or 276/277 claim status transactions, can use the REVS PC as a portal between their software and MassHealth. The Division and EDS have released a Companion Guide, detailing the specific programming process for your IT staff or vendor to follow in building your own 270/271 or 276/277 transactions. To get a copy of the Companion Guide and/or the REVS PC software, contact EDS at 1-800-462-7738.

#### On-line Claim Status Checks

Also, for the first time, providers have the ability to inquire about the status of an adjudicated claim directly through the Internet. Note that this direct data entry status check method does not require you to install the REVS PC software. The only requirement is that you have a connection to the Internet.

Providers must have a signed MassHealth Trading Partner Agreement (TPA) on file with the Division before they can conduct any HIPAA transactions. Providers who have a signed TPA on file and are already using the Web or PC software for member eligibility inquiries now also have access to the Claim Status function. Contact EDS at the above telephone number to receive a TPA, or to get more information on these transactions.

Note that by April 2003, all REVS access methods will require you to have a TPA on file with the Division. All points of entry are being upgraded to comply with HIPAA, including the POS device and the AVR, and, therefore, a TPA will be required to gain access. The transition process began in December 2002, and you will receive additional information from EDS. If you have any questions about this information, contact EDS at the above telephone number.

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### New Web Site for MassHealth Provider Services



All electronic submitters will be required to test directly with MassHealth.

Within the coming months you will be required to complete a Trading Partner Profile (TPP) form.



The Division will be releasing Companion Guides.

The Division is pleased to announce that Unisys, our MassHealth Provider Relations contractor, has launched a Web site for providers. Providers can now find information about issues that are important to them, such as HIPAA, provider enrollment, and MassHealth claim submission requirements at www.mahealthweb.com. This Web site is a very useful tool for us to provide you with information. Along with the topics mentioned above, you can find the following information on the site:

- Back issues of this newsletter
- Billing tips
- Frequently Asked Questions
- Helpful links
- How to contact us
- How to update your provider file
- List of MassHealth provider types
- List of provider associations
- Message texts
- Software specifications.

Providers now have another comprehensive resource for obtaining MassHealth information, and can use the site to link to the Division's Web site and other health care sites such as the Massachusetts Division of Health Care Finance and Policy (DHCFP), as well as the Centers for Medicare and Medicaid Services (CMS). The site is still a work in progress and will be enhanced over time. Future plans for the site include the addition of interactive features so that providers can fill out certain (non-claim) forms electronically, among other possibilities.

The site will be updated with new information frequently, so please visit it often.

### **Trading Partner Profile**

Within the coming months you will be required to complete a Trading Partner Profile (TPP) form. This form seeks confirmation of which HIPAA-compliant transactions you would like to conduct, your readiness, and related contact information. This data is critical to the rollout and implementation of trading partner testing for claim transactions.

The TPP form is separate and distinct from the Trading Partner Agreement (TPA). All electronic submitters will be required to complete the TPP, including billing intermediaries and clearinghouses. Your feedback will provide us with valuable insight into your implementation plans and will help us to establish an effective testing plan and provide the necessary resources to assist you through your HIPAA implementation activities.

Once you receive the TPP, please take the time to complete the form and return it according to the accompanying directions. If you have questions, or if you wish to offer suggestions for improving the form or instructions, you may e-mail them to the HIPAA Support Center at mahipaasupport@unisys.com or call 617-576-4030.

### **Helpful HIPAA Web sites**

Division of Medical Assistance (MassHealth):

http://www.mass.gov/dma MassHealth Provider Services: http://www.mahealthweb.com Washington Publishing Company (contains ASC X12N Implementation Guides): http://www.wpc-edi.com/hipaa January 2003 Page 3

### **Frequently Asked HIPAA Questions**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required providers who would not be compliant with the Transaction Rule by October 16, 2002, to file an extension request before that date. What happens if I didn't file for the extension?

According to the Centers for Medicare and Medicaid Services (CMS), a covered entity that has not implemented the electronic HIPAA transaction and code set standards AND has not submitted an extension request is noncompliant. For further information visit: www.hhs.gov/news/press.

## Who will enforce the HIPAA standards?

The Department of Health and Human Services (HHS) has determined that the Centers for Medicare and Medicaid Services (CMS) will have responsibility for enforcing the transactions and code set standards, as well as security and identifier standards when those are published. CMS will also continue to enforce the insurance portability requirements under Title I of HIPAA. The Office for Civil Rights in HHS will enforce the privacy standards.

### What will the enforcement process look like?

The enforcement process for HIPAA transactions and code sets (and for security and standard identifiers when those are adopted) will be primarily complaint driven, according to CMS. Upon receipt of a complaint, CMS will notify the provider of the complaint, and the provider will have the opportunity to

demonstrate compliance, or to submit a corrective action plan. If the provider does neither, CMS will have the discretion to impose penalties.

## How would someone file a complaint against a covered entity?

CMS has developed a Web-based complaint-management process, and will provide information on this process as part of their HIPAA outreach activities. CMS On-line Complaint Submission information can be found on the Web at: www.cms.hhs.gov/hipaa/hipaa2.

## What should a covered entity that did not submit an extension request do now?

CMS advises that they should come into compliance as soon as possible, and should be prepared to submit a corrective action plan in the event a complaint is filed against them.

## Can my software vendor make me compliant?

A vendor cannot make a Covered Entity 100% HIPAA compliant through software or services alone! HIPAA compliance may require you to capture additional data elements when submitting claims, and you are responsible for meeting the privacy and security standards.

## What is MassHealth's timetable for testing the new electronic claim formats?

Testing is scheduled to begin in early 2003.



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### Frequently Asked HIPAA Questions (cont.)

## Will MassHealth implement all electronic submitters at the same time or will there be a phased schedule?

We expect to phase-in submitters who are HIPAA-compliant and have successfully completed testing with us as each transaction becomes available.

### Who must test with MassHealth for claim transactions?

We plan to test with each direct submitter, billing intermediary, and clearinghouse.

## What about submitters who have their transactions certified by a third party?

All electronic submitters will be required to test directly with MassHealth, regardless of any other certification they may have already received.

# Does MassHealth plan on publishing a companion document to supplement the claims implementation guides? How can a provider get a companion document?

Yes, we are currently developing our own Companion Guides, which will be distributed before testing.

## If you have MassHealth-specific questions, contact HIPAA Support.

Telephone: 617-576-4030

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#### MassHealth

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